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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

<i>Complete if Known</i>	
Application Number	09/670049
Filing Date	September 25, 2000
First Named Inventor	RECEIVED Freda D. Miller
Examiner Name	J. Murphy
Group Art Unit	1646
Attorney Docket No.	CIBT-P03-120

METHOD OF PAYMENT (check all that apply)

FEE CALCULATION (continued)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input checked="" type="checkbox"/> Deposit Account				
Deposit Account Number		18-1945		
Deposit Account Name		Ropes & Gray		
The Commissioner is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments		
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application				
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				
FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
101	740	201	370	Utility filing fee
106	330	206	165	Design filing fee
107	510	207	255	Plant filing fee
108	740	208	370	Reissue filing fee
114	160	214	80	Provisional filing fee
SUBTOTAL (1)		(\$ 0.00)		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Total Claims	<input type="checkbox"/>	-** =	<input type="checkbox"/> X <input type="checkbox"/>	= <input type="checkbox"/>
Independent Claims	<input type="checkbox"/>	-** =	<input type="checkbox"/> X <input type="checkbox"/>	= <input type="checkbox"/>
Multiple Dependent			<input type="checkbox"/>	= <input type="checkbox"/>
Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$ 0.00)		
*Reduced by Basic Filing Fee Paid				
SUBTOTAL (3) (\$ 55.00)				

***or number previously paid, if greater. For Reissues, see above.*

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SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	David P. Halstead, Ph.D.	Registration No. (Attorney/Agent)	44,735	Telephone
Signature			Date	September 6, 2002

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated:

Signature:

(Brent LaBarge)